

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889243** | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						
5						
6						
7					1	
8						1
9						1
10					1	
11						1
12						1
13					1	
14						1
15					1	
16						1
17						1
18						1
19						1
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21						1
22						1
23						1
24			1			
25				1		
26					1	
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29						1
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31						1
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33						1
34					1	
35						1
36					1	
37						1
38						1
39					1	
40						1
41						1
42					1	
43						1
44					1	
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			43			
TOTAL CLAIMS			44			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS